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Alison Lundergan Grimes Kentucky Secretary of State Received and Filed: 5/9/2014 3:17 PM Fee Receipt: \$40.00



COMMONWEALTH OF KENTUCKY ALISON LUNDERGAN GRIMES, SECRETARY OF STATE

Division of Business Filings Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490	Articles of Organ Limited Liability			KLC
www.sos.ky.gov				
Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:				
Article I: The name of the limited	I liability company is	or Tru	cking, LL	
Article II: The street address of the limited liability company's initial registered office in Kentucky is				
245 Eddie Rida Rd Clay City Ky 403/2. Street Address Only (No Post Office Box Numbers) City State State Zip Code and the name of the initial registered agent at that office is Jell Walkins.				
0 0				
Article III: The mailing address of the limited liability company's initial principal office is				
Street Address or Post Office Box Number City State TO 37 Zip Code				
Article IV: The limited liability con A. a manager(s). B. its member(s).	mpany is to be manage	ed by (must check one):	
Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective				
date or the delayed effective date	e cannot be prior to the	date the application is	s filed. The date and/or time	(Delayed effective date and/or time)
I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.				
Signature of Organizer	2	Printed Name & Title	WATKINS	5/9/14 Date
Signature of Organizer		Printed Name & Title		Date
Print Name of Registered Agent Signature of Registered Agent	+Kins		egistered agent on behalf of the lim	nited liability company.